



DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
Residential and Outpatient Programs Compliance Branch
Request for License / Certification Extension

California Health and Safety Code Section 11834.01(a) and the Alcohol and/or Other Drug Program Certification Standards Section 3045(b)(1) require all licensed and/or certified providers of alcohol and other drug services, respectively, to request extension of the license and/or certification every two years. Chapter 5, Title 9 California Code of Regulations Section 10529(a) (2) and Alcohol and/or Other Drug Program Certification Standards Section 3050 specifies the items to be provided in order to have the license and/or certification extended. This document is a request for an extension of your license/certification. **Please review the following information and note any changes.** This document must be received by ADP no later than the date that your license or certification expires or your license and/or certification will be terminated. NOTE: Changes to any of the following program information require submission/attachment of supporting documents and approval from the Department of Alcohol and Drug Programs: Legal Name and Facility Address; A change in Program Target Population and Increase in Program Capacity. This form may be returned via fax, e-mail, and/or mail. Any fees if applicable (i.e. license fees, civil penalties, etc.), must be submitted via mail to the Department. **Please print your responses.**

License and/or Certification Number: _____

	Phone: _____
	Fax: _____
Email: _____	
Contact Person: _____	Phone: _____
Administrator Name: _____	Phone: _____
Director Name: _____	Phone: _____

Type of Organization:

☐ Profit Corporation ☐ Sole Proprietor ☐ Nonprofit Corporation ☐ Partnership ☐ Governmental Entity

Type of Service(s) Provided:

☐ **Residential**

☐ Residential

☐ Residential Detoxification

☐ **Nonresidential**

☐ Outpatient

☐ Day Treatment

☐ Detoxification

Target Population:

☐ Co-Ed ☐ Dual Diagnosis ☐ Families

☐ Men only ☐ Women only ☐ Elderly

☐ Parents/Children # _____ ☐ Youth/Adolescent

Residential Only:

Treatment/Recovery Capacity: _____

Total Capacity: _____

Date of current fire clearance: _____

Residential/Outpatient Certification: (Please attach)

Line Item budget

Program Service (Activities Schedule)

Staffing data

Signature _____	Title _____	Date _____
Print Name: _____		

When completed, send to:

Department of Alcohol and Drug Programs
Residential and Outpatient Programs Compliance Branch
1700 K Street, Third Floor
Sacramento, CA 95814-4037

Telephone Number: (916) 322-2911
Fax Number: (916) 322-2658
E-Mail Address: ropcb@adp.state.ca.us

Have there been any changes since previous license/certification was issued?

☐ **Residential** ☐ **Nonresidential**
☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

Official Use Only - ADP Review

Application Receipt Date _____
Postmark _____
Reviewed By _____
Fees Paid \$ _____